

✂ — DETACH HERE — — — — — **IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM** — — — — — DETACH HERE — ✂

CALIFORNIA FORM

540-ES

Your first name		Initial	Last name	Your social security number					
If joint payment, spouse's first name		Initial	Last name	Spouse's social security number					
Present home address — number and street, PO Box, or rural route							Apt. no.	PMB no.	Payment Voucher 1
City, town, or post office						State	ZIP Code		

Form 540-ES (REV. 2003)

TAXABLE YEAR

CALIFORNIA FORM

2004

Estimated Tax for Individuals

Due June 15, 2004

540-ES

Fiscal year filers, enter year ending month: Year 2005

Your first name		Initial	Last name		Your social security number			
If joint payment, spouse's first name		Initial	Last name		Spouse's social security number			
Present home address — number and street, PO Box, or rural route					Apt. no.	PMB no.	Payment Voucher 2	
City, town, or post office				State	ZIP Code			

Do not combine this payment with payment of your tax due for 2003. Make your check or money order payable to "Franchise Tax Board." Write your social security number and "Form 540-ES 2004" on it. Mail this voucher and your check or money order to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031.

If No Payment is Due, Do Not Mail This Form.

See Section A of the instructions for an alternative to using this form.

Amount of payment

For Privacy Act Notice, get form FTB 1131.

540ES04103

Form 540-ES (REV. 2003)

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TAXABLE YEAR

CALIFORNIA FORM

2004

Estimated Tax for Individuals

Due Sept. 15, 2004

540-ES

Fiscal year filers, enter year ending month: Year 2005

Your first name		Initial	Last name		Your social security number			
If joint payment, spouse's first name		Initial	Last name		Spouse's social security number			
Present home address — number and street, PO Box, or rural route					Apt. no.	PMB no.		Payment Voucher 3
City, town, or post office					State	ZIP Code		

Do not combine this payment with payment of your tax due for 2003. Make your check or money order payable to "Franchise Tax Board." Write your social security number and "Form 540-ES 2004" on it. Mail this voucher and your check or money order to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031.**

If No Payment is Due, Do Not Mail This Form.

See Section A of the instructions for an alternative to using this form.

Amount of payment

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540ES04103

Form 540-ES (REV. 2003)

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TAXABLE YEAR

CALIFORNIA FORM

2004

Estimated Tax for Individuals

Due Jan. 18, 2005

540-ES

Fiscal year filers, enter year ending month: Year 2005

Your first name		Initial	Last name		Your social security number			
If joint payment, spouse's first name		Initial	Last name		Spouse's social security number			
Present home address — number and street, PO Box, or rural route					Apt. no.	PMB no.		Payment Voucher 4
City, town, or post office					State	ZIP Code		

Do not combine this payment with payment of your tax due for 2003. Make your check or money order payable to **"Franchise Tax Board."** Write your social security number and "Form 540-ES 2004" on it. Mail this voucher and your check or money order to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031.**

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Amount of payment

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540ES04103

Form 540-ES (REV. 2003)